

10/069848

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/069848

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 10 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐OR OTHER THAN  
SMALL ENTITY

|           |     |    |           |       |
|-----------|-----|----|-----------|-------|
| RATE      | FEE |    | RATE      | FEE   |
| BASIC FEE |     | OR | BASIC FEE | \$890 |
| X\$ 9=    |     | OR | X\$18=    |       |
| X42=      |     | OR | X84=      |       |
| +140=     |     | OR | +280=     |       |
| TOTAL     |     | OR | TOTAL     | \$890 |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT A |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

|                     |                        |    |                     |                        |
|---------------------|------------------------|----|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT B |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

|                     |                        |    |                     |                        |
|---------------------|------------------------|----|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

|                     |                        |    |                     |                        |
|---------------------|------------------------|----|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.